



# Position Statement on Services and Supports to Trauma Survivors

**Position Statement by the National Association of State Mental Health Program Directors**  
*Passed Unanimously by the NASMHPD Membership on December 7, 1998. Reprinted with permission.*

*Note to readers: The National Association of State Mental Health Program Directors (NASMHPD) is the membership organization of State Mental Health Authorities and their directors at the national level. NASMHPD analyzes trends in the delivery and financing of mental health services and builds and disseminates knowledge and experience reflecting the integration of public mental health programming in evolving healthcare environments.*

The National Association of State Mental Health Program Directors (NASMHPD) recognizes that the psychological effects of violence and trauma in our society are pervasive, highly disabling, yet largely ignored. NASMHPD believes that responding to the behavioral health care needs of women, men, and children who have experienced trauma from violence is crucial to their treatment and recovery and should be a priority of state mental health programs. The goal of recovery from trauma is a fundamental value held by NASMHPD and its individual members, state mental health authorities. Toward this goal, it is important to develop an understanding of the resiliency factors, and the kinds of treatment, services, and supports that contribute to recovery.

The experience of violence and trauma can result in serious negative consequences for an individual's mental health, self-esteem, use of substances, and involvement with the criminal justice system. Indeed, trauma survivors can be among the people least well served by the mental health system as they are sometimes referred to as "difficult to treat"—they often have

co-occurring mental health and substance use disorders, can be suicidal or self-injuring, and are frequent users of emergency and inpatient services.

Trauma is an issue that crosses service systems and requires specialized knowledge, staff training, and collaboration among policymakers, providers, and survivors. Study findings indicate that adults in psychiatric hospitals have experienced high rates of physical and/or sexual abuse, ranging from 43% to 81%. Other research recently has found that 92% of homeless women and 81% of non-homeless women in poverty had been physically and/or sexually abused. Trauma is also frequently experienced as highly stigmatizing and often can create a reluctance to seek help. There is reason to believe that men may significantly under-report childhood abuse.

Services for trauma survivors must be based on concepts, policies, and procedures that provide safety, voice, and choice as defined by consumers/survivors. Trauma services must focus first and foremost on an individual's physical and psychological safety. Services to trauma survivors must also be flexible, individualized, culturally competent, and promote respect and dignity. Innovations in trauma services are becoming a focus of increased discussion and change within the public mental health system. A number of state mental health authorities have begun to address the needs of trauma survivors in the mental health system by revising seclusion and restraint guidelines to prevent the repetition of the experience of trauma, adopting clinical guidelines for people with serious mental illnesses who have histories of trauma, developing statewide strategic action plans, producing training materials, and empowering statewide committees to develop and improve trauma services.

NASMHPD is dedicated to furthering the understanding of the effects of physical and/or sexual abuse and increasing its treatment within the public mental health system. State mental health authorities are committed to recognizing and responding to the needs of trauma survivors with mental illnesses and their families. It should be a matter of best practice to ask persons who enter mental health systems, at an appropriate time, if they are experiencing or have experienced trauma in their lives. NASMHPD recognizes that some policies and practices in public and private mental health systems and hospitals, including seclusion and restraint, may unintentionally result in the revictimization of trauma survivors, and therefore need to be changed.

NASMHPD is committed to working with states, consumers/survivors, and experienced professionals in the trauma field to explore ways to improve services and supports for trauma

survivors. These efforts may include, but are not limited to: developing improved methods for reducing stigmas related to trauma; developing and disseminating information and technical assistance on best practices; providing forums for a national dialogue on the needs of trauma survivors; and cooperating with other state and national organizations to develop prevention and education initiatives to address the issue of trauma.

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